



302 South 9th Street, Suite 105
Tacoma, WA 98402
Tel: (253) 680-8082 | Fax: (253) 272-3198
www.davita.com

January 29, 2007

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CERTIFICATE OF NEED PROGRAM
DEPARTMENT OF HEALTH

Janis Sigman, Manager
Certificate of Need Program
Office of Certification and Enforcement
State of Washington Department of Health
310 Israel Road SE
Building 4, Floor 3
Tumwater, WA 98501-5447

Dear Ms. Sigman:

In accordance with WAC 246-310-080, DaVita Inc. hereby submits a letter of intent regarding its intention to apply for a certificate of need for a twenty-one station dialysis center. In conformance with the requirements of WAC, the following information is provided:

A Description of the Extent of Services Proposed:

DaVita Inc. intends to establish a twenty-one station dialysis facility that will provide and support hemodialysis, peritoneal dialysis and home hemodialysis.

Estimated Cost of the Proposed Project:

The capital expenditure associated with this project is estimated to be \$1,831,346.00, inclusive of the application fee.

Description of the Service Area:

The service area is Pierce County Sub-Service Area Five (5).

Thank you for your support in this matter.

Sincerely,

Heather Ashbaugh
Regional Operations Director
Pacific Gold Region 6